

DO NOT STAPLE THIS FORM

Do not write in this space.

Approved by OMB

OMB Control No. 3060 - 0856

Estimated time per Response: 1.0 hours

Universal Service for Schools and LibrariesPlease read instructions before
completing.(To be completed by schools, libraries, or
consortia.)**BILLED ENTITY APPLICANT REIMBURSEMENT FORM****For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.****Only one Service Provider Identification Number (SPIN) per form.****Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.****Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.****FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)

BMIC-Switch work

FCC Form 472 Invoice #

(To be inserted by administrator) 2359992

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	GLADES DAY SCHOOL
2. Billed Entity Number	37364
3. Service Provider Identification Number (SPIN)	143044067
4. Contact Name	Marion Primmer
5. Contact Telephone Number	561- 9966769 ext 32
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$229.50

Billed Entity Applicant Reimbursement Form**For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.**Billed Entity Name GLADES DAY SCHOOL Billed Entity Number 37364Contact Name Marion Primmer Contact Telephone Number 561-996676932Applicant Form Identifier BMIC-Switch work**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	1040748	2863025			7/1/2015	\$459.00	50.00	\$229.50
2								
3								
4								
5								
6								
8								
9								
10								
11								
12								
13								
14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)**\$229.50**

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name GLADES DAY SCHOOLBilled Entity Number 37364Contact Name Marion PrimmerApplicant Form Identifier BMIC-Switch work**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by MARION PRIMMER**16. Date **3/14/2016**17. Printed name of authorized person **MARION PRIMMER**18. Title or position of authorized person **TECHNOLOGY DIRECTOR**19. Telephone number of authorized person **561- 9966769 ext 32**20. Address of authorized person **400 GATOR BLVD., BELLE GLADE FL 33430**

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name GLADES DAY SCHOOLBilled Entity Number 37364Contact Name Marion PrimmerApplicant Form Identifier BMIC-Switch work**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

23. Printed name of authorized person

24. Title or position of authorized person

25. Telephone number of authorized person -

26. Address of authorized person

27. Applicant Remittance InformationName **Cindy Lamoureux**Title **Finance Manager**

Street Address

400 Gator Blvd**Belle Glade, FL 33430**

A paper copy of this Form (pages 1-4) should be mailed to:

**SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026**

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

**SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100**

Do not write in this space.

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per Response: 1.0 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries, or
consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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Applicant Form Identifier (Create an identifier for your
own reference)

Switch wk '15Jul-Oct

FCC Form 472 Invoice #

(To be inserted by administrator) 2464370

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	GLADES DAY SCHOOL
2. Billed Entity Number	37364
3. Service Provider Identification Number (SPIN)	143044067
Applicant FCC Form 498 ID	443016325
4. Contact Name	Marion Primmer
5. Contact Telephone Number	561- 9966769 ext 32
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$229.50

*1 day
late*

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name GLADES DAY SCHOOL Billed Entity Number 37364
Contact Name Marion Primmer Contact Telephone Number 561-996676932
Applicant Form Identifier Switch wk '15Jul-Oct

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	1040748	2863025			7/1/2015	\$459.00	50.00	\$229.50
2								
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6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$229.50

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name GLADES DAY SCHOOL

Billed Entity Number 37364

Contact Name Marion Primmer

Applicant Form Identifier Switch wk '15Jul-Oct

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- .. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by MARION PRIMMER**

16. Date **11/1/2016**

17. Printed name of authorized person **MARION PRIMMER**

18. Title or position of authorized person **TECHNOLOGY DIRECTOR**

19. Telephone number of authorized person **561- 9966769 ext 32**

20. Address of authorized person **400 GATOR BLVD., BELLE GLADE FL 33430**

Do not write in this space.

Approved by OMB
OMB Control No. 3060 - 0856
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Applicant Form Identifier (Create an identifier for your
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BMIC 100915-063016

FCC Form 472 Invoice #

(To be inserted by administrator) 2464881

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	GLADES DAY SCHOOL
2. Billed Entity Number	37364
3. Service Provider Identification Number (SPIN)	143044067
Applicant FCC Form 498 ID	443016325
4. Contact Name	Marion Primmer
5. Contact Telephone Number	561- 9966769 ext 32
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$540.32

1 day late

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name GLADES DAY SCHOOL Billed Entity Number 37364
Contact Name Marion Primmer Contact Telephone Number 561-996676932
Applicant Form Identifier BMIC 100915-063016

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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1	1040748	2863025			7/1/2015	\$1,080.64	50.00	\$540.32
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13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$540.32

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name GLADES DAY SCHOOL

Billed Entity Number 37364

Contact Name Marion Primmer

Applicant Form Identifier BMIC 100915-063016

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16. Date **11/1/2016**

17. Printed name of authorized person **MARION PRIMMER**

18. Title or position of authorized person **TECHNOLOGY DIRECTOR**

19. Telephone number of authorized person **561- 9966769 ext 32**

20. Address of authorized person **400 GATOR BLVD., BELLE GLADE FL 33430**